

School Food Authority Verification Summary

Year: _____

SFA Name: _____

Description of Selection Method (check method used)

_____ Random Sampling

_____ Focused Sampling

_____ 100%

_____ Other (Describe): _____

Total Number of Approved Applications on file as of October 31, 20____ : _____

Summary of Verification Results

Number Verified

Percent Verified

If Focused:

Number of Food Stamp/TANF Applications on File
October 31: _____

Number of Food Stamp/TANF Applications Verified: _____ %

Number of NON-Food Stamp/TANF Applications
Verified: _____ %

If Random or Other Method:

Number of Applications Verified: _____ %

Verification Results:

Number of students (including siblings, if applicable)
whose benefits changed from:

Free to Reduced: _____

Reduced to Free: _____

Free or Reduced to Ineligible (Paid) _____

Terminated due to No Response: _____

The above SFA-wide data and the information noted for each verified application must be maintained on file for review purposes.

Signature of Verifying Official

Title of Verifying Official

Date Verification was Completed